

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069996

FILING DATE

APPLICANT(S)

CLAIMS

	PRELIMINARY		1st AMENDMENT	AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.		IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6											
TOTAL DEP.	23											
TOTAL CLAIMS	29											
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MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS